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| crest - school notepaper.JPG | **St. Patrick’s J.N.S.****Corduff, Blanchardstown, Dublin 15.****www.stpatricksjns.ie****Ph:01-8211546****Early Start Enrolment Form****Application for consideration** | **For Office Use Only****Birth Cert** □**Proof of address** □**Baptismal Cert** □**Corduff Parish** □ |
| Child’s First Name:  | Child’s Surname:  | Male □Female □ |
| Date of Birth: | Child’s PPS Number: |
| Address:  |
| First language spoken in the home: | Email address: |
| Other language(s) spoken in the home: | Child’s Religion:  | Baptised: |
| Mother’s Name:Country of Origin: Date of arrival in IrelandLanguage(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:Place of Work:Telephone: | Father’s Name:Country of Origin: Language(s):Occupation:Place of Work:Telephone: |
| Name of Emergency Contact Person: Relationship to child: Tel:   |   |
| Numbers of Children in the Family: \_\_ Boys \_\_\_\_ Girls \_\_\_\_\_ Position of Child in Family (e.g. 1st, 2nd etc.): ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name(s) of Brothers/Sisters already in **this** School: | *Name(s):* |  |  |  |  |
| *Class(es):* |  |  |  |  |
| Brothers/Sisters attending **other** primary schools: | *Name(s):* |  |  |  |  |
| *School:* |  |  |  |  |
| Child’s Relevant Health Problems/Allergies: |
| Has your child had any of the following assessments? Assessment of Need □, Speech & Language □, Psychological Assessment □, Other □ (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Failure to provide the school with all relevant medical, psychological and other reports will invalidate the enrolment application and result in the child being withdrawn from the school.** |
| Please include the following information:Proof of Address: (Original utility bill or bank statement).Original Birth Certificate/ Baptism Certificate (Catholic children only)Is there a custody order/legal agreement in respect of your child? Yes □ No □ |
| Any Other Relevant Information: Creche this child attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permission to access any relevant information  |
| Please tick possible option: Morning □ Afternoon □ Morning or Afternoon □□ **I understand that any misinformation may invalidate this application.**□ **I have read and accept the school’s Code of behaviour.**□ **I am aware that in applying for a place for my son/daughter there is no guarantee that a place will be made available.****Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_** |
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